

# Taxicard application form

CONFIDENTIAL



## PART A – PERSONAL DETAILS (To be completed by ALL applicants)

Surname	<input type="text"/>	Mr/Mrs/Miss/Ms/Other	<input type="text"/>		
Forename	<input type="text"/>	Gender Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address	<input type="text"/>				
<b>Please send proof of your Camden address</b>	<input type="text"/>				
	Postcode				
Phone number	<input type="text"/>	Mobile number	<input type="text"/>		
E-mail address	<input type="text"/>				
Date of Birth	<input type="text"/>	Current Age	<input type="text"/>		

### What is your ethnic group: Please tick (✓)

Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. The groups listed below reflect the largest ethnic groups in Camden. You are asked to choose the ethnic group that is closest to how you see yourself and specify a more specific group if you wish.

- |   |   |
|---|---|
| <b>White</b> <ul style="list-style-type: none"><li>■ White British</li><li>■ White Irish</li><li>■ Any other White background, please specify</li></ul> .....   | <b>Asian or Asian British</b> <ul style="list-style-type: none"><li>■ Indian</li><li>■ Pakistani</li><li>■ Bangladeshi</li><li>■ Any other Asian background, please specify</li></ul> ..... |
| <b>Mixed</b> <ul style="list-style-type: none"><li>■ White and Black Caribbean</li><li>■ White and Black African</li><li>■ White and Asian</li><li>■ Any other Mixed background, please specify</li></ul> ..... | <b>Black or Black British</b> <ul style="list-style-type: none"><li>■ Caribbean</li><li>■ Somali</li><li>■ Any other Black African background, please specify</li></ul> .....               |
| <b>Chinese or other ethnic group</b> <ul style="list-style-type: none"><li>■ Chinese</li><li>■ Any other group, please specify</li></ul> .....  | <ul style="list-style-type: none"><li>■ Any other Black background, please specify</li></ul> .....  |

## PART B – DISABILITY (To be completed by ALL applicants)

Please give details of your main disability, how long you have had it and how it affects your ability to walk. If you have other disabilities that also affect your ability to get around or to use public transport please give details of these. You may continue on a separate sheet if you wish to give more information.

Your disability and the effect on your mobility:

Please list any medication that you regularly take in relation to your disability:

### Disabled Persons' Freedom Pass and Blue Badge

If you have any of the following, please state the Badge/Pass number.

Disabled Persons' Blue Badge

Disabled Persons' Freedom Pass

## PART C – AUTOMATIC ELIGIBILITY CRITERIA

### Benefits

Please tick **Yes** if you currently receive either of the following:

Disability Living Allowance Higher Rate Mobility Component Yes   
OR PIP - Personal Independence Payment No

War Pensioners' Mobility Supplement Yes  No

### Visual Impairment

Do you have a BD8/CVI confirming you are Blind Yes  No

**If you have ticked Yes to any of the above you may automatically qualify for a Camden Taxicard. But you must provide copies of the required proof(s)**

Please go to **PART E** and sign and date the declaration.

If **none** of the above automatic eligibility criteria apply to you, please go to **PART D**.

## PART D – ABOUT YOUR PERSONAL MOBILITY

Is your disability '**substantial and permanent**'?

Yes

No

Are you able to walk up to 50 metres (approx. 55 yards) without experiencing pain or difficulty?

Yes

No

Do you use a wheelchair?

Yes

No

Sometimes

Do you use a powered wheelchair?

Yes

No

Sometimes

Are you able to transfer to a Taxi seat?

Yes

No

Do you use any *mobility aids* to assist your walking (eg. crutches, walking stick or zimmer frame)? If **Yes**, please say which below

Yes

No

Are you able to walk at least 50 metres without becoming *severely tired or very breathless or experiencing severe discomfort*?

Yes

No

Do you use any medicine, tablets or inhalers to control your condition? (If **Yes**, please say which below)

Yes

No

Are you able to stand for up to 20 minutes without serious difficulty?

Yes

No

Are you able to get on/off from a bus or train without serious difficulty? (If **No**, please say why not)

Yes

No

Do you require *help or assistance* when travelling?

(If **Yes**, please state what assistance required and the reason)

Yes

No

Do you have any other mobility problems which you would like us to be aware of?

(If **Yes**, please state below or attach an extra sheet)

Yes

No

## PART E – DECLARATION (To be signed by all applicants)

I confirm that the details given above are true and accurate to the best of my knowledge and I accept that the Council may make further enquiries to satisfy itself that the details provided are true.

Please confirm the following:

- I have included proof of my permanent address in Camden Yes
- I have attached 1 (one) passport sized photographs Yes

Signed

Date

**Please return the application and other relevant documents to:**

**Email: [cats@camden.gov.uk](mailto:cats@camden.gov.uk) or;**

**Post to: Concessionary Travel, London Borough of Camden, PO Box 64175, London WC1A 9BY**